

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>KD</i>	<i>20911</i>	<i>9/21</i>
O.I.P.E. CLASSIFIER	<i>Y</i>	<i>5</i>	<i>7/27</i>
FORMALITY REVIEW	<i>JK</i>	<i>B35</i>	<i>10/27/00</i>
RESPONSE FORMALITY REVIEW	<i>JK</i>	<i>15</i>	<i>4/10</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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